Image# 15950557796 PAGE 1 / 45

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		All Additionized				Office Use Only
NAME OF TOO COMMITTEE (in full)	YPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5	
American Academy of F	amily Physic	ians Political	Action Co	ommittee		
<u> </u>						
ADDRESS (number and street)	1133 Connecticut	Avenue, NW				
Check if different	Suite 1100			1 1 1 1		
than previously reported. (ACC)	Washington				DC	20036
2. FEC IDENTIFICATION NUM	MBER ▼	CITY 🛦		;	STATE A	ZIP CODE ▲
C C00411553		3. IS THIS REPORT	~	IEW N) OR	AM (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On.	Mar 20 (M3)		lun 20 (M6)	Η.	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)		Apr 20 (M4)		Jul 20 (M7)	Oct 2	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-EI	ection	Primary (12P		General (
October 15 Quarterly Report (Q3)		for the:	Convention (120)	Special (125)
X January 31 Year-End Report (YE)		Election on	M = M /	D D /	Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-E		General (300	a)	Runoff (3	0R) Special (30S)
Termination Report (TER)	Порот	Election on	M = M /	D D /	Y	in the State of
5. Covering Period 11	25	2014	through	M M 12	31	2014
I certify that I have examined this		-	wledge and b	pelief it is tru	e, correct and	d complete.
Type or Print Name of Treasurer	Hugh M Taylor M	U				
Signature of Treasurer Hugh M	I Taylor MD		[Electronically	Filed]	eate 01	30 / 2015
NOTE: Submission of false, erroneo	us, or incomplete	information may su	bject the pers	son signing th	nis Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 11 25 2014 To: 12 31 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		408793.60
	(b) Cash on Hand at Beginning of Reporting Period	396469.80	
	(c) Total Receipts (from Line 19)	43563.25	482067.48
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	440033.05	890861.08
7.	Total Disbursements (from Line 31)	685.78	451513.81
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	439347.27	439347.27
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

ibutions (other than loans) From: ndividuals/Persons Other Than Political Committees i) Itemized (use Schedule A) ii) Unitemized	22434.11	308513.81
Fhan Political Committees i) Itemized (use Schedule A)ii) Unitemized		308513.81
i) Itemized (use Schedule A)ii) Unitemized		308513.81
ii) Unitemized		308513.81
	17113.50	156012.28
Lines 11(a)(i) and (ii)	39547.61	464526.09
Political Party Committees	0.00	0.00
Other Political Committees	0.00	0.00
	7	0.00
	20547.64	464526.09
	39347.01	404320.09
		0.00
Committees	0.00	0.00
nans Received	0.00	0.00
and received		7 7
Renayments Received	0.00	0.00
		7 7
·	1015.64	7041.39
		7
	3000.00	10500.00
	3000.00	10000.00
The state of the s	0.00	0.00
	0.00	0.00
	0.00	2.22
nom schedule ns)	0.00	0.00
	0.00	0.00
evin Funds (from Schedule H5)	0.00	0.00
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Other Political Committees Ssuch as PACs)	Other Political Committees Such as PACs)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Operating Expenditures: (a) Allocated Federal/Non-Federal	10.00 1 0.100	Calchaal Idal-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating		7 7			
Expenditures	655.78	7867.56			
(c) Total Operating Expenditures	655.78	7867.56			
(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	033.76	7007.30			
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	0.00	393000.00			
Independent Expenditures (use Schedule E)	0.00	50000.00			
Coordinated Party Expenditures	7 7				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Love Borrows to Mark	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	30.00	646.25			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees					
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	30.00	646.25			
Other Disbursements	0.00	0.00			
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)	0.00	0.00			
(i) Federal Share	0.00	0.00			
(ii) "Levin" Share	0.00	0.00			
(b) Federal Election Activity Paid Entirely					
With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
2.1103 00(a)(i), 00(a)(ii) and 00(b))	7	7			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	685.78	451513.81			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	685.78	451513.81			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	39547.61	464526.09
34. Total Contribution Refunds (from Line 28(d))	30.00	646.25
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	39517.61	463879.84
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	655.78	7867.56
7. Offsets to Operating Expenditures (from Line 15, page 3)	1015.64	7041.39
8. Net Operating Expenditures (subtract Line 37 from Line 36)	-359.86	826.17

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Academy of Family Physicians Political Action Committee

Full Name (Last, First, Middle Initial)

Full Name (Last, First, Middle Initial) Neal A Baillargeon MD		Date of Receipt
Mailing Address PO Box 766 90 Broad St		12 17 _ 2014 _
City Kinderhook	State Zip Code NY 12106-0766	Transaction ID : C2893022 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 220.00	
Full Name (Last, First, Middle Initial) Macaran A Baird MD	•	Date of Receipt
Mailing Address Univ Of Mn Dept Of Fp/N 420 DELAWARE ST SE		12 17 2014
City	State Zip Code MN 55455-0341	Transaction ID : C2893017
Minneapolis FEC ID number of contributing federal political committee.	C 55455-0341	Amount of Each Receipt this Period 500.00
Name of Employer University of MN, FM&CH	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Frederic Baker MD		Date of Receipt
Mailing Address 32 Mark Cir		12 06 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Holden	State Zip Code MA 01520-1410	Transaction ID : C2880300 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	43.00
Name of Employer UMMHC	Occupation Family Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00	
	ıl)	643.00

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	ng the name and address of any political committee	to solicit contributions from such committee.
,	ly Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Cedric T Barnes DO		Date of Receipt
Mailing Address PO BOX 337		11 27 2014
City	State Zip Code	Transaction ID : C2876659
Milford	DE 19963-0337	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	121.67
Name of Employer	Occupation	
Southern Deleware Medical Group	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	. iggregate roat to bate v	
Other (specify) ▼	465.01	
Full Name (Last, First, Middle Initial) Cedric T Barnes DO	,	Date of Receipt
Mailing Address PO BOX 337		12 27 2014
City	State Zip Code	Transaction ID : C2900186
Milford	DE 19963-0337	Amount of Each Receipt this Period
FEC ID number of contributing		_
federal political committee.	C	121.67
Name of Employer	Occupation	
Southern Deleware Medical Group	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	465.01	
Full Name (Last, First, Middle Initial) L. Justin V Bartos MD		Date of Receipt
Mailing Address 4300 Cagle Dr Ste 200		12 23 2014
City	State Zip Code	Transaction ID : C2899596
North Richland Hills	TX 76180-8380	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	42.00
Name of Employer	Occupation	
North Hills Family Medicine	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	504.00	
Other (specify) ▼	504.00	
SUBTOTAL of Receipts This Page (option	al)	285.34
	<u></u>	
TOTAL This Period (last page this line nul	mber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	he name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) Christopher M Baumert MD Mailing Address 723 N 32nd St		Date of Receipt
City Billings	State Zip Code MT 59101-0622	12 01 2014 Transaction ID : C2875394 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed Receipt For:	Occupation Family Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	
Full Name (Last, First, Middle Initial) Mark Harris Belfer DO Mailing Address ass B. J. D. I.		Date of Receipt
Mailing Address 800 Brook Rd City Wadsworth FEC ID number of contributing	State Zip Code OH 44281-8854	12 22 2014 Transaction ID : C2898882 Amount of Each Receipt this Period 300.00
rederal political committee. Name of Employer Self Employed Receipt For: Primary Other (specify) General	Occupation Family Physician Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Janice L Benson MD	, , , , , , , , , , , , , , , , , , , ,	Date of Receipt
Mailing Address 4452 N Francisco Ave		12 17 2014
City Chicago	State Zip Code IL 60625-3807	Transaction ID : C2893027 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		1030.00
	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

		LINE			PAGE	9	OF	45	
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. Reid B Blackwelder MD Mailing Address 4407 Leedy Rd		Date of Receipt
City Kingsport	State Zip Code TN 37664-2117	12 14 2014 Transaction ID : C2887340 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer ETSU Receipt For:	Occupation Professor, Family Medicine	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	
Full Name (Last, First, Middle Initial) Kathryn Brandt DO Mailing Address 180 Ingraham Mtn Rd		Date of Receipt
City Augusta	State Zip Code ME 04330-8431	12 06 2014 Transaction ID : C2880299 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.00
Name of Employer University of New England College of O Receipt For: Primary General Other (specify) ▼	Occupation Academic Physician, Chair of Primary C Aggregate Year-to-Date ▼ 240.00	
Full Name (Last, First, Middle Initial) C. Mary F Campagnolo MD		Date of Receipt
Mailing Address 1561 Route 38 Ste 6		12 23 2014
City Lumberton	State Zip Code NJ 08048-2939	Transaction ID : C2899056 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	143.00
Name of Employer Virtua Medical Group	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1001.00	
SUBTOTAL of Receipts This Page (optional)	263.00
TOTAL This Period (last page this line numl	per only)	

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	the name and address of any political committee t	
	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Lee Marvin Carter MD		Date of Receipt
Mailing Address PO BOX 506		11 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2876649
Huntingdon	TN 38344-0506	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	-
Self-Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	riggrogate real to bate \$	
Other (specify)	1200.00	
Full Name (Last, First, Middle Initial) Lee Marvin Carter MD		Date of Receipt
Mailing Address PO BOX 506		12 30 2014 _
City	State Zip Code	Transaction ID : C2900455
Huntingdon	TN 38344-0506	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation]
Self-Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1200.00	
Other (specify) ▼	1200.00	
Full Name (Last, First, Middle Initial) . Domenic Wm Casablanca MD		Date of Receipt
Mailing Address 4 Corporate Dr Ste 195		12 24 2014
City	State Zip Code	Transaction ID : C2900052
Shelton	CT 06484-6240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	_
Primed Physicians/NW Mutual Group	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	724.00	
Other (specify) ▼	731.00	
SUBTOTAL of Receipts This Page (optional)	565.00
TOTAL This Period (last page this line num	ber only)	

Use separate schedule(s) for each category of the Detailed Summary Page

				PAGE	_ ′	11	OF		45	
(check only one)										
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

	the name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial) A. Steven A Crawford MD		Date of Receipt
Mailing Address 900 NE 10th St		12 23 2014
City	State Zip Code	Transaction ID : C2899057
Oklahoma City	OK 73104-5420	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	416.66
Name of Employer	Occupation	
University of Oklahoma	Physician Faculty	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4999.92	
Full Name (Last, First, Middle Initial) Jose M David MD	Date of Receipt	
Mailing Address 804 Huntington Ct	12 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID : C2874234
Albany	NY 12203-6015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	
St Peters Health Partners Medical Asso	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Full Name (Last, First, Middle Initial) C. Paul W Davis MD		Date of Receipt
Mailing Address 9801 Homestead Trl		12 24 2014
City	State Zip Code	Transaction ID: C2900055
Anchorage	AK 99507-6765	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	730.00	
SUBTOTAL of Receipts This Page (optional)		3281.66
TOTAL This Period (last page this line number	er only)	

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(check only one)										
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	the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) Gerald Eugene Eliaser MD		Date of Receipt
Mailing Address 7483 Kennedy Rd		12 03 2014
City	State Zip Code	Transaction ID : C2876606
Sebastopol	CA 95472-5419	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	55 0	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) James A Ellzy MD		Date of Receipt
Mailing Address 1351 Bryant St NE		M = M / D = D / Y = Y = Y
Apt 4		12 19 2014
City	State Zip Code	Transaction ID: C2898367
Washington	DC 20018-1156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	34.10
Name of Employer	Occupation	7
Self Employed	Family Physician]
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) ▼	372.00	
Full Name (Last, First, Middle Initial) C. John Read Eplee MD		Date of Receipt
Mailing Address 163 Deer Run		12 03 2014
City	State Zip Code	Transaction ID : C2876125
Atchison	KS 66002-6163	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Atchinson Hospital	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)		649.10
TOTAL This Period (last page this line numb	per only)	

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NAME OF COMMITTEE (In Full)	the name and address of any political committee Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Seth Yawki Flagg MD Mailing Address 9129 Bradford Rd City Silver Spring FEC ID number of contributing federal political committee. Name of Employer USN Receipt For: Primary General Other (specify) General	State Zip Code MD 20901-4917 C Occupation Physcain Aggregate Year-to-Date 865.00	Date of Receipt 12 03 2014 Transaction ID : C2876077 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Theodore G Ganiats MD Mailing Address 9500 Gilman Dr Dept 622 City La Jolla FEC ID number of contributing federal political committee. Name of Employer University of California Receipt For: Primary General Other (specify)	State Zip Code CA 92093-0622 C Occupation Physician Aggregate Year-to-Date ▼ 365.00	Date of Receipt 11 26 2014 Transaction ID : C2873985 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Olivia M Graves MD Mailing Address 14150 Old Cutler Ro City Palmetto Bay FEC ID number of contributing federal political committee. Name of Employer Self Receipt For: Primary General Other (specify)	State Zip Code FL 33158-1345 C Occupation Family Physician Aggregate Year-to-Date ▼ 780.00	Date of Receipt 12 15 2014 Transaction ID : C2898902 Amount of Each Receipt this Period 50.00
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb	<u>_</u>	780.00

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(check only one)									
>	1 1a	11b		11c		12			
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NAME OF COMMITTEE (In Full)	y Physicians Political Action Committee					
Full Name (Last, First, Middle Initial) John Allan Gross MD Mailing Address 506 15th Ave NE	y i Trystolaris i dilitola Action Collins	Date of Receipt				
City	State Zip Code	12 09 2014 Transaction ID : C2882088				
Saint Petersburg	FL 33704-4707	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	30.42				
Name of Employer St. Anthony's Primary Care	Occupation Family Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 273.78					
Full Name (Last, First, Middle Initial) James Wesley Guyer MD		Date of Receipt				
Mailing Address 3314 Jack Burke Ln		12 24 2014				
City Billings	State Zip Code MT 59106-1112	Transaction ID : C2900063 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	365.00				
Name of Employer RiverStone Health	Occupation Family Physician	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00					
Full Name (Last, First, Middle Initial) Boyde Jerome Harrison MD		Date of Receipt				
Mailing Address 904 26th St		12 07 2014				
City Haleyville	State Zip Code AL 35565-1719	Transaction ID : C2880334 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	84.00				
Name of Employer	Occupation	_				
Self Employed	Family Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 504.00					
SUBTOTAL of Receipts This Page (optional	I) >	479.42				
TOTAL This Period (last page this line num	nher only)					

FOR LINE NUMBER:					PAGE		15	OF		45	
(check only one)											
×	11a		11b		11c		12				
	13		14		15		16			17	

NAME OF COMMITTEE (In Full)	ly Physicians Political Action Comm	
Full Name (Last, First, Middle Initial) Judy Baker Harrison MD Mailing Address 2474 River Place Ln		Date of Receipt 12 03 2014
City	State Zip Code FL 32073-6154	Transaction ID : C2876609
Orange Park FEC ID number of contributing federal political committee.	C 32073-6154	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed Receipt For: □ Primary □ General □ Other (specify) ▼	Occupation Family Physician Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) 3. Daniel J Heinemann MD Mailing Address 1305 W 18th St		Date of Receipt
City Sioux Falls	State Zip Code SD 57105-0401	Transaction ID : C2880302 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Sioux Valley Health Systems	Occupation	200.00
Receipt For: Primary General Other (specify) ▼	Family Physician Aggregate Year-to-Date ▼ 2550.00	
Full Name (Last, First, Middle Initial) Daniel J Heinemann MD Mailing Address 1305 W 18th St		Date of Receipt 12 23 2014
City Sioux Falls	State Zip Code SD 57105-0401	Transaction ID : C2899075 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	150.00
Name of Employer Sioux Valley Health Systems	Occupation Family Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2550.00	
SUBTOTAL of Receipts This Page (option	al)	715.00
TOTAL This Period (last page this line nur	<u> </u>	

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Physicians Political Action Commi	ittee
	Date of Receipt
	12 08 2014
State Zip Code	Transaction ID : C2887148
GA 30324-5102	Amount of Each Receipt this Period
C	365.00
Occupation	
Family Physician	
Aggregate Year-to-Date ▼	
465.00	
	Date of Receipt
	M = M / D = D / Y = Y = Y = Y
State Zip Code	12 24 2014 Transaction ID : C2900069
MA 01923-3668	Amount of Each Receipt this Period
C	365.00
Occupation	-
Family Physician	
Aggregate Year-to-Date ▼	1
30 0	
365.00	
	Date of Receipt
	Mam / Dab / Yayayay
	12 03 2014
State Zip Code	Transaction ID : C2876655
NV 89423-2200	Amount of Each Receipt this Period
C	30.00
Occupation	
Family Physician	
Aggregate Year-to-Date ▼	
360.00	
360.00	
360.00	760.00
	State Zip Code GA 30324-5102 C Occupation Family Physician Aggregate Year-to-Date ▼ State Zip Code MA 01923-3668 C Occupation Family Physician Aggregate Year-to-Date ▼ 365.00 State Zip Code NV 89423-2200 C Occupation Family Physician

SCHEDULE A (FEC Form 3X) IT

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	and statements may not be sold or used by any per g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)	DI STATE DEPOSIT LA CONTRA	A
/ American Academy of Famil	y Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) 1. Jeanine S Huttner MD		Date of Receipt
Mailing Address 5300 Harroun Rd Ste 304	4	12 24 2014
City	State Zip Code	Transaction ID : C2900107
Sylvania	OH 43560-2182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Promedica Flower Hospital	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) William G Jackson MD		Date of Receipt
Mailing Address 202 Alcorn Dr		12 24 2014 _
City	State Zip Code	Transaction ID : C2900071
Corinth	MS 38834-9701	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Self employed	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) 2. Jessica Johnson		Date of Receipt
Mailing Address 5933 SW Hood Ave		12 09 2014
City	State Zip Code	Transaction ID : C2882087
Portland	OR 97239-3718	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	35.00
Name of Employer	Occupation	-
OHSU	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	0.0	
Other (specify) ▼	430.00	
SUBTOTAL of Receipts This Page (optional	al)	765.00
TOTAL This Period (last nage this line num	nber only)	

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or for commercial purposes, other than usin	g the name and address of any political committee		
NAME OF COMMITTEE (In Full) American Academy of Famil	y Physicians Political Action Commi	ittee	
Full Name (Last, First, Middle Initial) Stephen Paul Kajencki MD Mailing Address 119 Front St Unit 402	Stephen Paul Kajencki MD		
City Woonsocket	State Zip Code RI 02895-7806	12 31 2014 Transaction ID : C2907187 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	365.00	
Name of Employer Information Requested Receipt For: Primary General Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 365.00		
Full Name (Last, First, Middle Initial) Philip Kaplan MD Mailing Address 4303 Watervale Rd		Date of Receipt	
City Manlius FEC ID number of contributing federal political committee.	State Zip Code NY 13104-8413	12 31 2014 Transaction ID : C2907178 Amount of Each Receipt this Period 365.00	
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 365.00		
Full Name (Last, First, Middle Initial) Gregory King MD Mailing Address 1120 Vail Rd City	State Zip Code	Date of Receipt 11 25 2014 Transaction ID : C2872533	
Bennington FEC ID number of contributing federal political committee. Name of Employer Self Receipt For:	Occupation Family Physician	Amount of Each Receipt this Period 55.00	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 655.00		
SUBTOTAL of Receipts This Page (optional		785.00	
TOTAL This Period (last page this line num	<u></u>		

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Kevin K Kurohara MD Mailing Address 75 Puuhonu Pl		Date of Receipt
Ste 205	7'- 2	12 03 2014
City	State Zip Code HI 96720-2000	Transaction ID : C2876084
FEC ID number of contributing federal political committee.	C 96720-2000	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00	
Full Name (Last, First, Middle Initial) David W Lillich Lillich		Date of Receipt
Mailing Address 5346 N Santa Monica Blv	d	12 31 _2014 _
City Whitefish Bay	State Zip Code WI 53217-5123	Transaction ID : C2907192 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer Medical College of Wisconsin	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Christopher M Mahr MD		Date of Receipt
Mailing Address 3085 Firestone Ct		12 01 2014
City Sumter	State Zip Code SC 29150-7075	Transaction ID : C2876654 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer	Occupation	-
Colonial Family Practice Receipt For:	Family Physician	
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 405.00	

SCHEDULE A (FEC Form 3X) 17

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a	
			person for the purpose of soliciting contributions e to solicit contributions from such committee.	
NAME OF COMMITTEE (In Full) American Academy of Far	nily Physicians	Political Action Comn	nittee	
Full Name (Last, First, Middle Initial) A. Kevin B Martin MD Mailing Address 2903 219th Ave E City Lake Tapps FEC ID number of contributing federal political committee. Name of Employer Life Care Physician Services Receipt For: Primary General Other (specify)	State WA C Occupation Family Physical Aggregate	Zip Code 98391-5634 Sician Year-to-Date ▼	Date of Receipt 12 22 2014 Transaction ID: C2898929 Amount of Each Receipt this Period 50.00	
B. Barbara A Matthews MD Mailing Address 15 Arbor Way Dr	Barbara A Matthews MD			
City Decatur	State GA	Zip Code 30030-1300	Transaction ID : C2880358 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		35.00	
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	Occupation Family Phys Aggregate	sician Year-to-Date ▼ 280.00]	
C. John S Meigs MD Mailing Address PO Box 289			Date of Receipt	
100 Serendipity Dr City Brent	State AL	Zip Code 35034-0289	12 03 2014 Transaction ID : C2876122	
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 25.00	
Name of Employer	Occupation			
Self Employed Receipt For:	Family Phys		_	
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1275.00]	
SUBTOTAL of Receipts This Page (opti	onal)		110.00	
TOTAL This Period (last page this line i	number only)			

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Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any per the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) John S Meigs MD Mailing Address BO Box 280		Date of Receipt
Mailing Address PO Box 289 100 Serendipity Dr		M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City 100 Serendipity Dr	State Zip Code	12 17 2014 Transaction ID : C2893003
Brent	AL 35034-0289	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	†
Self Employed	Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼ Full Name (Last, First, Middle Initial)	1275.00	
3. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289		M = M / D = D / Y = Y = Y
100 Serendipity Dr City	State Zip Code	12 24 2014
Brent	AL 35034-0289	Transaction ID : C2900118 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	25.00
Name of Employer Self Employed	Occupation Family Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00	
Full Name (Last, First, Middle Initial) C. John S Meigs MD		Date of Receipt
Mailing Address PO Box 289 100 Serendipity Dr	20 de	12 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Brent	State Zip Code AL 35034-0289	Transaction ID : C2907195 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	1275.00	
SUBTOTAL of Receipts This Page (optional)	•	125.00
TOTAL This Period (last page this line numb	er only)	

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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) A. Anne M Montgomery MD		Date of Receipt
Mailing Address 44818 Oro Grande Cir		11 27 2014
City	State Zip Code	Transaction ID : C2876651
Indian Wells	CA 92210-7411	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
Eisenhower Medical Associates	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) Anne M Montgomery MD		Date of Receipt
Mailing Address 44818 Oro Grande Cir		12 27 2014
City	State Zip Code	Transaction ID : C2900187
Indian Wells	CA 92210-7411	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	250.00
Name of Employer	Occupation	
Eisenhower Medical Associates	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	0500.00	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial) C. Dale C Moquist MD		Date of Receipt
Mailing Address 4318 Lake Walk Ct		12 09 2014
City	State Zip Code	Transaction ID : C2882089
Missouri City	TX 77459-3268	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	91.66
Name of Employer	Occupation	†
Retired	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1099.92	
SUBTOTAL of Receipts This Page (optional).		591.66
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TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full)		
, ,	hysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial) Michael Lynn O'Dell MD Mailing Address 4704 Rockhill Rd		Date of Receipt
		12 03 2014
City	State Zip Code	Transaction ID : C2876607
Kansas City	MO 64110-2029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Christine Christine O'Donoghue-Kitt Mailing Address (1994)	O'Donoghue	Date of Receipt
Mailing Address 100 Irving Ave		M = M / D = D / Y = Y = Y = Y
City	State Zip Code	11 29 2014 Transaction ID : C2874033
Freeport	NY 11520-5909	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	91.25
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Andrew J Oakes-Lottridge MD		Date of Receipt
Mailing Address 1315 Florida Ave		12 17 2014
City	State Zip Code	Transaction ID : C2893026
Fort Myers	FL 33901-7707	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	300.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)	>	891.25
TOTAL This Period (last page this line number of	only)	

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NAME OF COMMITTEE (In Full)		
/ American Academy of Family	Physicians Political Action Commit	
Full Name (Last, First, Middle Initial) James E Ohliger Jr		Date of Receipt
Mailing Address 130 Foresthill Dr		12 222014
City	State Zip Code	Transaction ID : C2898876
Amherst	OH 44001-2361	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
West Shore Primary Care	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	55 0	
Other (specify) ▼	365.00	<u></u>
Full Name (Last, First, Middle Initial) Gwendolyn A Oran MD		Date of Receipt
Mailing Address 295 Lakepoint PI N		M = M / D = D / Y = Y = Y
City	State Zip Code	12 03 2014
City Keizer	·	Transaction ID : C2876610
Keizer	OR 97303-8318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 0	
Other (specify) ▼	465.00	<u></u>
Full Name (Last, First, Middle Initial) C. Gwendolyn A Oran MD		Date of Receipt
Mailing Address 295 Lakepoint PI N		12 24 _ 2014 _
City	State Zip Code	Transaction ID : C2900087
Keizer	OR 97303-8318	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	†
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	465.00	<u></u>
SUBTOTAL of Receipts This Page (optional)		830.00
TOTAL This Period (last page this line numb	per only)	

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or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family	the name and address of any political committee Physicians Political Action Commit	
Full Name (Last, First, Middle Initial) Javette C Orgain MD Mailing Address PO Box 806527 City Chicago FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code IL 60680-4126 C Occupation Family Physician Aggregate Year-to-Date 1687.50	Date of Receipt 12 24 2014 Transaction ID : C2900036 Amount of Each Receipt this Period 187.50
Full Name (Last, First, Middle Initial) Viral P Patel Mailing Address 1022 N Union St City Middletown FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code PA 17057-2158 C Occupation Information Requested Aggregate Year-to-Date ▼ 365.00	Date of Receipt 12 03 2014 Transaction ID: C2876132 Amount of Each Receipt this Period 365.00
Full Name (Last, First, Middle Initial) Sara Pena MD Mailing Address 2548 E Lupine Ave City Phoenix FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code AZ 85028-1836 C Occupation Information Requested Aggregate Year-to-Date ▼ 365.00	Date of Receipt 12 03 2014 Transaction ID: C2876150 Amount of Each Receipt this Period 365.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	917.50

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Any information copied from such Reports and or for commercial purposes, other than using	nd Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	y Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Jonathan Phillips Mailing Address 807 N Myrtle Ave		Date of Receipt
INIGINITY AUGIESS OUT IN INITITIE AVE		12 22 2014
City	State Zip Code	Transaction ID : C2898911
Clearwater	FL 33755-4254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	1
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	350.00	
Full Name (Last, First, Middle Initial) 3. Elisabeth L Righter MD	·	Date of Receipt
Mailing Address 267 Park Dr		11 28 _2014 _
City	State Zip Code	Transaction ID : C2876650
Dayton	OH 45410-1315	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1100.00	
Full Name (Last, First, Middle Initial) Lewis Robinson MD	·	Date of Receipt
Mailing Address 17501 Village Inlet Ct	7. 0.	12 03 / Y = Y = Y = Y = Y
City Fort Myers	State Zip Code FL 33908-7107	Transaction ID : C2876613
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed Receipt For:	Family Physician	_
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optiona	1)	950.00
TOTAL This Period (last page this line num	ober only)	

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NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Flora F Sadri-Azarbayejani DO Mailing Address 427 S Mountain Rd		Date of Receipt
		12 19 2014
City	State Zip Code	Transaction ID : C2898368
Northfield	MA 01360-9684	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer	Occupation	1
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	550.00	
Full Name (Last, First, Middle Initial) Shirley Uhl Salvatore MD		Date of Receipt
Mailing Address 10 Hastings Ct		12 03 2014
City	State Zip Code	Transaction ID : C2876092
Pueblo	CO 81001-1400	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	1
Centura Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Dennis James S Sanchez MD	1	Date of Receipt
Mailing Address 4347 Clubhouse Dr		12 08 2014
City	State Zip Code	Transaction ID : C2887181
Lakewood	CA 90712-3755	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Self Employed	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	565.00	
SUBTOTAL of Receipts This Page (optional).		780.00
TOTAL This Period (last page this line number	er only)	

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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial) 1. Ted Curran Schaffer MD		Date of Receipt
Mailing Address 815 Freeport Rd		12 31 2014
City	State Zip Code	Transaction ID : C2907181
Pittsburgh	PA 15215-3301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	1
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	55 0	
Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) George Wm Shannon MD		Date of Receipt
Mailing Address 2301 Slate Dr	11 30 2014 _	
City	State Zip Code	Transaction ID : C2876653
Columbus	GA 31906-1443	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	100.00
Name of Employer	Occupation	7
Horizons Diagostics	Family Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	00 0	
Other (specify) ▼	1000.00	<u></u>
Full Name (Last, First, Middle Initial) C. George Wm Shannon MD		Date of Receipt
Mailing Address 2301 Slate Dr		12 30 2014
City	State Zip Code	12 30 2014 Transaction ID : C2900458
Columbus	GA 31906-1443	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer	Occupation	†
Horizons Diagostics	Family Physician	4
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1000.00	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional))	400.00
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FOR LINE NUMBER: PAGE 29 OF 45 Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address of any political committee to	o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Katy M Sheridan MD Mailing Address PO Box 4136 245 Binkley St., Ste 203 City Soldotna FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code AK 99669-4136 C Occupation Family Physician Aggregate Year-to-Date ▼	Date of Receipt 12 17 2014 Transaction ID : C2893028 Amount of Each Receipt this Period 1000.00
Full Name (Last, First, Middle Initial) Linda Marie Siy MD Mailing Address 4133 Bilglade Rd City Fort Worth FEC ID number of contributing federal political committee. Name of Employer University of North Texas Health Scien Receipt For: Primary General Other (specify)	State Zip Code TX 76109-5436 C Occupation Family Physician Aggregate Year-to-Date ▼ 366.00	Date of Receipt 12 03 2014 Transaction ID : C2876088 Amount of Each Receipt this Period 30.50
Full Name (Last, First, Middle Initial) Andrea Leigh Skaggs MD Mailing Address 1700 Old Lebanon Road 2620 Wilhite Dr Ste 102 City Campbellsville FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code KY 40503-3385 C Occupation Family Physician Aggregate Year-to-Date ▼ 243.36	Date of Receipt M M M / 28
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number	<u> </u>	1060.92

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Andrea Leigh Skaggs MD Date of Receipt Mailing Address 1700 Old Lebanon Road 2620 Wilhite Dr Ste 102 2014 12 28 City Zip Code State Transaction ID: C2900212 Campbellsville KY 40503-3385 Amount of Each Receipt this Period FEC ID number of contributing 30.42 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 243.36 Other (specify) Full Name (Last, First, Middle Initial) B. Robert J Skully MD Date of Receipt Mailing Address Grant Medical Center Outpatient 393 E Town St 2014 12 31 City State Zip Code Transaction ID: C2907174 OH Columbus 43215-4741 Amount of Each Receipt this Period FEC ID number of contributing 600.00 federal political committee. Name of Employer Occupation **Grant Medical Center** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 600.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dana Dana Sprute Sprute Date of Receipt Mailing Address 5109 Turnabout Lane 2014 12 24 City Zip Code State Transaction ID: C2900098 TX Austin 78701-1923 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation Family Physician Seton/Ascension Health Receipt For: Aggregate Year-to-Date ▼ Primary General 1050.00 Other (specify) 680.42 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				PAGE	3	31	OF	45		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) American Academy of Family I	Physicians Political Action Committ	iee			
Full Name (Last, First, Middle Initial) Michael N Stiffman MD Mailing Address 8100 34Th Ave S	Michael N Stiffman MD				
City Minneapolis	State Zip Code MN 55425-1672	12 24 2014 Transaction ID : C2900100 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	365.00			
Name of Employer HealthPartners	Occupation Family Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00				
Full Name (Last, First, Middle Initial) 3. Windel A Stracener MD Mailing Address 1333 Hunters Pointe Dr	Date of Receipt				
City Richmond	State Zip Code mond IN 47374-7184				
FEC ID number of contributing federal political committee.	C	200.00			
Name of Employer Self Employed	Occupation Family Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00				
Full Name (Last, First, Middle Initial) C. Glen R Stream MD		Date of Receipt			
Mailing Address 44818 Oro Grande Cir		11 30 / Y Y Y Y Y Y			
City Indian Wells	State Zip Code CA 92210-7411	Transaction ID : C2876652 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	250.00			
Name of Employer Eisenhower Medical Center	Occupation Family Physician				
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 2500.00				
SUBTOTAL of Receipts This Page (optional)		815.00			
TOTAL This Period (last page this line numbe	<u> </u>				

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Glen R Stream MD Date of Receipt Mailing Address 44818 Oro Grande Cir 30 2014 City State Zip Code Transaction ID: C2900457 CA 92210-7411 Indian Wells Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Eisenhower Medical Center Family Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 2500.00 Other (specify) Full Name (Last, First, Middle Initial) B. David Ethan Swee MD Date of Receipt Mailing Address 675 Hoes Ln W 28 2014 11 City State Zip Code Transaction ID: C2876657 NJ 08854-8021 Piscataway Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Self Employed Family Physician Receipt For: Aggregate Vear-to-Date

Primary General Other (specify) ▼	333.36	
Full Name (Last, First, Middle Initial) David Ethan Swee MD Mailing Address 675 Hoes Ln W		Date of Receipt 12 28 2014
City Piscataway	State Zip Code NJ 08854-8021	Transaction ID : C2900213 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	
Self Employed	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	
	· ·	200.04

SUBTOTAL of Receipts This Page (optional).....

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family I	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) Erica Williams Swegler MD Mailing Address 1101 W 40th St		Date of Receipt
City	Stata 7in Coda	12 20 2014
City Austin	State Zip Code TX 78756-3609	Transaction ID : C2919269
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	-
Self Employed	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 889.08	
Full Name (Last, First, Middle Initial) Stacy J Taylor MD Mailing Address 173 E Cotton Hill Rd	•	Date of Receipt
Maining Address 1/3 E COTTON HIII Rd		12 06 2014
City	State Zip Code	Transaction ID : C2880303
New Hartford	CT 06057-3524	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	36.50
Name of Employer Charlotte Hungerford Hospital	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Lloyd P Van Winkle MD	1	Date of Receipt
Mailing Address PO Box 960		12 24 2014
City Castroville	State Zip Code TX 78009-0960	Transaction ID : C2900035
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00
Name of Employer	Occupation	_
Self	Family Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	720.00	
SUBTOTAL of Receipts This Page (optional)		207.50
TOTAL This Period (last page this line numbe	r only)	

FOR LINE NUMBER: PA					PAGE	3	34 OF	45	
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l		13		14		15		16	17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Commi	ttee
Full Name (Last, First, Middle Initial) Suraj P Verma MD Mailing Address 1595 Robb Drive		Date of Receipt
Suite 2		12 17 2014
City	State Zip Code	Transaction ID : C2893020
Reno	NV 89523	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	_
Prime Healthcare	Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial)	303.00	
3. Kevin S Wang MD		Date of Receipt
Mailing Address 1823 Terry Ave Apt 1609		12 24 2014
City	State Zip Code	Transaction ID : C2900034
Seattle	WA 98101-2406	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Swedish Medical Center	Occupation Family Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial) C. David Benjamin Ware MD		Date of Receipt
Mailing Address 137 Dan Dr		11 25 2014
City Eunice	State Zip Code LA 70535-6859	Transaction ID : C2872804 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	400.00
Name of Employer	Occupation	+
Dr David B Ware	MD	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional))	865.00
TOTAL This Period (last page this line numb	per only)	1 1 10 1 10 1 10 1

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:			PAGE	3	35	OF		45	
(check only one)									
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	13	14		15		16			17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Randell K Wexler MD Date of Receipt Mailing Address 6040 Haybury Dr 24 2014 12 City State Zip Code Transaction ID: C2900076 43054-8691 OH New Albany Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Name of Employer Occupation Family Physician Ohio State University Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Wesley White MD Date of Receipt Mailing Address 460 Deerwood Lane 2014 12 24 City State Zip Code Transaction ID: C2900117 ΤN 38351-4112 Lexington Amount of Each Receipt this Period

FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Family Physicians of Lexington	Occupation Family Physician	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) C. Santhosh Zafar		Date of Receipt
Mailing Address 1901 Centenary Blvd Apr		12 03 2014
City	State Zip Code	Transaction ID : C2876130
Shreveport	LA 71101-4941	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Information Requested	Information Requested	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
CURTOTAL of Descirts This Days (actions		1215.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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91	CHEDULE A (FEC Form 3X)		Г	LEOD LINE NUMBER DAOF OF AF				
ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 OF 45 (check only one)				
			for each category of the	11a 11b 11c 12				
			Detailed Summary Page	13 14 X 15 16 17				
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	tatements mand a	ay not be sold or used by any peaddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)							
	American Academy of Family P	hysicians	s Political Action Comm	ittee				
Α.	Full Name (Last, First, Middle Initial) American Academy of Family Physicia	ans		Date of Receipt				
	Mailing Address 11400 Tomahawk Creek Pkwy	/		12 03 2014				
	City	State	Zip Code	Transaction ID : C2876052				
	Leawood	KS	66211-2672	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		1015.64				
	Name of Employer	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	Aggregate	Teal-10-Date ▼					
	Other (specify) ▼		7041.39					
_	Full Name (Last, First, Middle Initial)							
В.				Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code	-				
				Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С						
	Name of Employer	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼							
	Office (Specify)							
С .	Full Name (Last, First, Middle Initial)			Date of Receipt				
	Mailing Address			M = M / D = D / Y = Y = Y				
	City	State	Zip Code	Amount of Each Receipt this Period				
	FEC ID number of contributing			Amount of Lacif Necept this Feriod				
	federal political committee.	С						
	Name of Employer	Occupation	1					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	33 3 4						
	Other (specify) \blacktriangledown		7 7 7 7					
	IIRTOTAL of Receipts This Page (optional)			1015.64				

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1015.64

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 37 OF 45 (check only one) 11a 11b 11c 12 13 14 15 X 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and a	ddress of any political committee	e to solicit contributions from such committee.
American Academy of Family F	hysicians	Political Action Comm	nittee
Full Name (Last, First, Middle Initial) A. BRADY FOR CONGRESS Mailing Address R. O. BOY 2007			Date of Receipt
Mailing Address P.O. BOX 8277 City	State	Zip Code	12 31 2014 Transaction ID : C2907150
THE WOODLANDS	TX	77387	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C coo	0311043	500.00
Name of Employer	Occupation		
Receipt For: 2014 ✓ Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial) BRADY FOR CONGRESS	1		Date of Receipt
Mailing Address P.O. BOX 8277			12 31 2014
City THE WOODLANDS	State TX	Zip Code 77387	Transaction ID : C2907151 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C coo	0311043	2500.00
Name of Employer	Occupation		
Receipt For: 2014 Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	
Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer	Occupation		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)			3000.00

TOTAL This Period (last page this line number only).....

3000.00

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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PA			
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	(check only one)		
	Detailed Summary Page	1 210	22 23	24 25 26	
		27	28a 28b	28c 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the					
NAME OF COMMITTEE (In Full)					
American Academy of Family Ph	ysicians Political Act	ion Commit	tee		
Full Name (Last, First, Middle Initial)					
A. American Express			Date of Disburse		
Mailing Address PO Box 53852			12 0	2 2014	
City	State Zip Code		Transaction ID	· D163915	
Phoenix	AZ 85072-3852		- Transaction is	. 2100010	
Purpose of Disbursement Bank card processing fee			Amount of Each	Disbursement this Period	
Candidate Name		Category/ Type		1.35	
Office Sought: House Disbu	sement For:				
Senate	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. American Express			Date of Disburse	ement	
American Express				D / Y Y Y Y	
Mailing Address PO Box 53852			1	2014	
City	State Zip Code AZ 85072-3852		Transaction ID	: D163916	
Phoenix Purpose of Disbursement	AZ 85072-3852		-		
Bank card processing fee			Amount of Each	Disbursement this Period	
Candidate Name		Category/		0.05	
		Type		3.25	
	sement For:				
Senate	Primary General				
State: President District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. American Express			Date of Disburse	ement	
Mailing Address DO Day 50050			M M / D		
Mailing Address PO Box 53852			12 0	5 2014	
City	State Zip Code			D100017	
Phoenix	AZ 85072-3852		Transaction ID	: 163917	
Purpose of Disbursement Bank card processing fee					
Candidate Name			Amount of Each	Disbursement this Period	
Candidate Name		Category/ Type		81.25	
Office Sought: House Disbu	sement For:	Type	1	7	
Senate	Primary General				
President	Other (specify) ▼				
State: District:	·				
SUBTOTAL of Disbursements This Page (options	ıl)	·····		85.85	
TOTAL This Period (last page this line number of	nly)				

S	CHEDULE B (FEC Form 3X)	FOR LINE NUMBER: PAGE				GE 39	OF 45			
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(che	eck only	one)		_		
			Summary Page		21b	22	23	24	25	26
_					27	28a	28b	28c	29	30b
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\setminus	NAME OF COMMITTEE (In Full)									
	American Academy of Family Phys	icians F	Political Action	on Co	mmitt	ee				
_	Full Name (Last, First, Middle Initial)					5.				
Α.	American Express					Date of	f Disburs		YYY	■ Y
	Mailing Address PO Box 53852					12	(08	2014	
	,	State	Zip Code			Trans	action IF) : D16391	8	
	Phoenix Purpose of Disbursement	AZ	85072-3852			Trans	aotion i	. 510001	•	
	Bank card processing fee					Amoun	t of Each	Disburser	ment this	Period
	Candidate Name			Categ Typ			- 7	,	1	6.25
	Office Sought: House Disbursen									
		Primary Other (spec	General							
	State: District:	Other (spec	Sity) \blacktriangledown							
_	Full Name (Last, First, Middle Initial)									
В.	American Express						f Disburs			
	Mailing Address PO Box 53852					12	/ D	10	2014	Y
	Phoenix	State AZ	Zip Code 85072-3852			Trans	saction II	D : D16391	9	
	Purpose of Disbursement Bank card processing fee				П	Amoun	t of Each	Disburser	nent this	Period
	Candidate Name			Categ Typ			-,-			6.50
		nent For: Primary Other (spec	General cify) ▼							
	Full Name (Last, First, Middle Initial)									
C.	American Express						f Disburs			
	Mailing Address PO Box 53852					12	/ D	11	2014	Y
		State AZ	Zip Code 85072-3852			Trans	action IE	D : D16392	0	
	Purpose of Disbursement Bank card processing fee	AL	63072-3632	-	-					
	Candidate Name			Categ Typ		Amoun	t of Each	Disburser	nent this	Period 2.73
	Office Sought: House Disbursen	nent For:		71			- 1			
	Senate	Primary	General							
	President	Other (spec	cify) 🔻							
	State: District:									
H	UBTOTAL of Disbursements This Page (optional) OTAL This Period (last page this line number only)							- 1	2	5.48

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SCHEDULE B (FEC Form 3X	' I FUD LINE NUMBED.			PAGE 40 OF 45	
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only	(check only one)		
	Detailed Summary Page		22 23	24 25 26	
		27	28a 28b	28c 29 30b	
Any information copied from such Reports and or for commercial purposes, other than using					
NAME OF COMMITTEE (In Full)					
American Academy of Family	Physicians Political Act	ion Commit	tee		
Full Name (Last, First, Middle Initial)					
A. American Express			Date of Disburse		
Mailing Address PO Box 53852			12 1	2 2014	
City	State Zip Code		Transaction ID	· D163921	
Phoenix	AZ 85072-3852	1	Transastion 12	. 5100021	
Purpose of Disbursement Bank card processing fee			Amount of Each	Disbursement this Period	
Candidate Name		Category/ Type		0.81	
Office Sought: House D	sbursement For:				
Senate	Primary General				
State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)			Date of Disburse	ament	
B. American Express					
Mailing Address PO Box 53852			1	5 2014	
City	State Zip Code AZ 85072-3852		Transaction ID) : D163922	
Phoenix Purpose of Disbursement	AZ 85072-3852				
Bank card processing fee			Amount of Each	Disbursement this Period	
Candidate Name		Category/			
		Type		3.97	
	sbursement For:				
Senate	Primary General				
State: President District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. American Express			Date of Disburse	ement	
Mailing Address DO Day 50050			12 1		
Mailing Address PO Box 53852			12 1	8 2014	
City	State Zip Code		T	D40000	
Phoenix	AZ 85072-3852		Transaction ID): D163923	
Purpose of Disbursement Bank card processing fee					
Candidate Name			Amount of Each	Disbursement this Period	
Candidate Name		Category/		3.25	
Office Sought: House D	sbursement For:	Туре			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (op	tional)		40	8.03	
		<u> </u>			
TOTAL This Period (last page this line numb	er only)				

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for each	arate schedule(s) category of the Summary Page	(check only X 21b 27	one) 22 28a	23 28b	24 28c	25 29	
				tributions	from such	commit	ee.
			Data of	Diahousa			
						V	V
			12			2014	
State	Zip Code		Transa	action ID	: D163924		
AZ	85072-3852						
			Amount	of Each I	Disburseme	ent this	Period
		Category/ Type					0.98
nent For: Primary Other (spec	General						
			Date of	Disburser	ment		
			12			2014	Y
State AZ	Zip Code 85072-3852		Trans	action ID	: D163925		
		· · · ·	Amount	of Each I	Disburseme	ent this	Period
		Category/ Type				1	3.99
nent For: Primary Other (spec	General						
State: District: Full Name (Last, First, Middle Initial) American Express							
			12			2014	Y
State AZ	Zip Code 85072-3852		Transa	action ID	: D163926		
Purpose of Disbursement Bank card processing fee Candidate Name					Disburseme	ent this	Period
							0.81
nent For: Primary Other (spec	General						
	icians F State AZ State AZ	nents may not be sold or use and address of any political Activiticals Primary General Other (specify) Politicals Political Activiticals Primary General Other (specify) Politicals	nents may not be sold or used by any personal and address of any political committee to icians Political Action Committee	leents may not be sold or used by any person for the person and address of any political committee to solicit consistance. Date of Date of	lents may not be sold or used by any person for the purpose of e and address of any political committee to solicit contributions icians Political Action Committee Date of Disburser Primary General Other (specify) ■	lents may not be sold or used by any person for the purpose of soliciting e and address of any political committee to solicit contributions from such icians Political Action Committee Date of Disbursement	lents may not be sold or used by any person for the purpose of soliciting contrible e and address of any political committee to solicit contributions from such commiticals. Date of Disbursement

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAG			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	X 21b	22 23	24 25 26	
[27	28a 28b	28c 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
American Academy of Family Phy	sicians Political Actio	on Committ	ee		
Full Name (Last, First, Middle Initial)					
A. American Express			Date of Disburseme	/ Y = Y = Y	
Mailing Address PO Box 53852			12 29	2014	
City	State Zip Code		Transaction ID : D	163927	
Phoenix Purpose of Disbursement	AZ 85072-3852				
Bank card processing fee			Amount of Each Dis	sbursement this Period	
Candidate Name		Category/ Type		9.34	
	ment For:				
Senate	Primary General				
State: District:	Other (specify)				
Full Name (Last, First, Middle Initial)					
B. American Express			Date of Disburseme	ent	
- American Express			M M / D D	/ Y Y Y Y	
Mailing Address PO Box 53852			12 29	2014	
City Phoenix	State Zip Code AZ 85072-3852		Transaction ID : D	163928	
Purpose of Disbursement Bank card processing fee			Amount of Each Dis	sbursement this Period	
Candidate Name		Category/			
		Type		1.37	
Office Sought: House Disburse	ment For:				
Senate	Primary General				
State: President District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. American Express			Date of Disburseme	ent	
Mailing Address DO Day 52952			12 30	2014	
Mailing Address PO Box 53852			12 30	2014	
City	State Zip Code		Troposetion ID D	1462020	
Phoenix	AZ 85072-3852		Transaction ID : D	7103929	
Purpose of Disbursement Bank card processing fee					
Candidate Name		Category/	Amount of Each Dis	sbursement this Period 7.95	
Office Sought: House Disburse	ment For:	Туре	7	-	
Senate	Primary General				
President	Other (specify)				
State: District:	(1 · · · · · · · · · · · · · · · · · · ·				
SUBTOTAL of Disbursements This Page (optional).				18.66	
TOTAL This Period (last page this line number only	')	·····•		7	

SCHE	DULE B	(FEC Form 3X					PAGE 43 OF 45
ITEMI	IZED DIS	BURSEMENTS		rate schedule(s) category of the	(check only	one)	
				Summary Page	X 21b	22 23	
					27	28a 28	
							se of soliciting contributions ons from such committee.
I \		ITTEE (In Full)					
Am	nerican Ad	cademy of Family	Physicians P	olitical Action	on Committ	ee	
	•	First, Middle Initial)					
A. An	nerican Ex	kpress				Date of Disbu	rsement
	ing Address P	O Box 53852				11	25 2014
City			State	Zip Code		Transaction	ID : D162926
Phoe	enix ose of Disbur	comont	AZ	85072-3852			
Bar	nk card proces					Amount of Ea	ch Disbursement this Period
	didate Name				Category/ Type		0.81
Offic	e Sought:	House D Senate	isbursement For: Primary	General			
State	ə:	President District:	Other (spec	cify) 🔻			
Full	Name (Last. I	First, Middle Initial)					
	nerican E					Date of Disbu	
Maili	ing Address	PO Box 53852				11	28 2014
City Phoe			State AZ	Zip Code 85072-3852		Transaction	ID : D162927
Bar	ose of Disburnk card proces					Amount of Ea	ch Disbursement this Period
Cano	didate Name				Category/ Type		9.34
Offic	e Sought:	House D Senate President District:	sbursement For: Primary Other (spec	General cify) ▼			
		First, Middle Initial)					
C. Am	nerican Ex	kpress				Date of Disbu	rsement
Maili	ing Address F	PO Box 53852				11	28 2014
City	enix		State AZ	Zip Code 85072-3852		Transaction	ID : D162928
	Purpose of Disbursement Bank card processing fee					Amount of Fo	ch Disbursement this Period
Candidate Name					Category/ Type	Amount of Ea	1.37
Offic	e Sought:	House D	isbursement For:		2.		
		Senate	Primary	General			
		President	Other (spec	cify) 🔻			
State	e:	District:					
		ursements This Page (op			<u>·</u> _	-	11.52

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SCHEDULE B (FEC Form 3X)		FOR LINI	PAGE 44 OF 45		
ITEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(Onlook of	(check only one)		
	Detailed Summary Page	X 21t		23 24 25 26	
Г		27	28a	28b 28c 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
American Academy of Family Phy	sicians Political Acti	on Commi	ttee		
Full Name (Last, First, Middle Initial)					
A. American Express			Date of	Disbursement	
Mailing Address PO Box 53852			12	01 2014	
City	State Zip Code		Transa	action ID : D162929	
Phoenix	AZ 85072-3852		_ IIalisa	action ib . D102323	
Purpose of Disbursement Bank card processing fee			Amount	of Each Disbursement this Period	
Candidate Name		Category/ Type		13.00	
Office Sought: House Disburse	ement For:				
Senate	Primary General				
State: President	Other (specify) ▼				
Full Name (Last, First, Middle Initial)			Date of	Disbursement	
B. American Express			M M	/ D D / Y Y Y Y	
Mailing Address PO Box 53852			12	01 2014	
City	State Zip Code		Transa	action ID : D162930	
Phoenix	AZ 85072-3852			. 5102300	
Purpose of Disbursement Bank card processing fee			Amount	of Each Disbursement this Period	
Candidate Name		Category/ Type		7.95	
Office Sought: House Disburse	ement For:				
Senate	Primary General				
State: President District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C. Bank Of America Merchant Service	es		Date of	Disbursement	
Mailing Address WA2-505-01-40 PO Box 2485			12	02 2014	
City	State Zip Code		Transa	action ID : D163914	
Spokane Purpose of Disbursement	WA 99210-2485		_		
Bank card processing fee			Amount	of Each Disbursement this Period	
Candidate Name		Category/ Type	Amount	469.51	
Office Sought: House Disburse	ement For:	.,,,,,		7	
Senate	Primary General				
President	Other (specify) ▼				
State: District:	- 				
SUBTOTAL of Disbursements This Page (optional)				490.46	
TOTAL This Period (last page this line number only	/)	·····•		655.78	

SCHEDULE B (FEC Form 3X)		F05	NE NUMBER. DAGE A	5 OF 45		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		FOR LINE NUMBER: PAGE 45 OF 45 (check only one)			
I EINILED DISBURSEINEN IS		I . —		25 26		
	Detailed Summary Page	2	27 X 28a 28b 28c 2	29 30		
Any information copied from such Reports and Statem	nents may not be sold or us	ed by any p	person for the purpose of soliciting cont	tributions		
or for commercial purposes, other than using the name						
NAME OF COMMITTEE (In Full)						
angle American Academy of Family Phys	icians Political Action	on Comn	nittee			
Full Name (Last First Middle In York)						
Full Name (Last, First, Middle Initial) Cesar Luis Baruia Baguer MD			Date of Disbursement			
· Cesar Luis Baruja Baquer MD				M M / D D / Y Y Y Y		
Mailing Address 129-H Kings Park Drive				1 1 1 1 1 1 1		
50 Presidential Plz Apt 1608						
City	State Zip Code		Transaction ID : D162989			
Liverpool	NY 13090		Transaction ib . b102303			
Purpose of Disbursement Refund of contribuion made 10/14/14			Amount of Each Dishurasment t	hia Dariad		
Candidate Name			-	Amount of Each Disbursement this Period		
		Category/ Type		30.00		
Office Sought: House Disbursen	nent For:	.,,,,				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
			Date of Disbursement			
Mailing Address			M M / D D / Y Y	Y		
Mailing Address						
City	State Zip Code					
Purpose of Disbursement			Amount of Fook Dishurasment t	hia Dariad		
Candidate Name			Amount of Each Disbursement t	nis Period		
Canadato Namo		Category/ Type	'			
Office Sought: House Disbursen	nent For:	1,700				
Senate	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)						
			Date of Disbursement			
Mailing Address			M M / D D / Y Y	Y		
Walling Address						
City	State Zip Code					
David (Dishara						
Purpose of Disbursement			7			
Candidate Name			Amount of Each Disbursement t	his Period		
Caradate Name		Category/ Type				
Office Sought: House Disbursen	nent For:	1,900				
	Primary General					
President	Other (specify) ▼					
State: District:						
				00.00		
SUBTOTAL of Disbursements This Page (optional))	·	30.00		
				30.00		
TOTAL This Period (last page this line number only).				55.55		